



November 23, 2010

, M.D.
Department of Medicine

Dear Dr.:

The University of Wisconsin Hospitals and Clinics Authority are pleased to offer you an appointment in the **Department of _____** as a postgraduate trainee, **level. ___**. Your **clinical** training appointment is for one year beginning _____. The 2009-2010 annual stipend for this level of postgraduate training is \$ _____. There may be a slight increase in July for the 2010-2011 training year. In addition, you will be paid for required computer training and institutional orientation days, therefore your **hire** date will be _____.

All terms of this appointment are outlined in the attached *2010-2011 UWHC Appointment Information for Residents and Fellows*. The following requirements are among the conditions on which this agreement is made.

- employment eligibility verification (I-9 form) – **within 3 days of your hire date**
- completed pre-employment health assessment, urine drug screen and TB test – *by your clinical start date*
- compliance with CPR and other life saving training (Policy 9.25) – *by your clinical start date*
- completion of the Background Information Disclosure (BID) form - *by your clinical start date*
- no disqualifying offenses disclosed on the BID form or background check - *no time limit*
- annual safety and infection control and HIPAA training – **by July 31, 2010**
- copy of your medical school diploma – *by your clinical start date*
- completion of Health Link training (UWHC electronic medical records) and other computer training – *by your clinical start date*

If you accept this agreement, please sign in the space provided below and return the letter to the House Staff Affairs Office by _____. This letter is the formal, legal document regarding your appointment and your agreement with the terms of training as outlined in the *2010-2011 UWHC Appointment Information for Residents and Fellows* document. **All terms of this appointment, including salary and benefits, will cease in the event of (1) non-compliance with any of the conditions of your appointment, (2) misrepresentation or omission in any of your application materials or the Background Information Disclosure form, or (3) failure to return your signed acceptance by the date stated above.**

If you have any questions, do not hesitate to contact the UWHC Graduate Medical Education Office, 600 Highland Ave., Room H4/831, Madison, WI 53792; phone (608) 263-0572.

Sincerely,

Carl J. Getto, M.D.
Senior Associate Dean for Clinical Affairs

I hereby accept the position offered to me as stated above.

Signature

Date